### IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF SOUTH CAROLINA

| IN RE:                 | ) |          |             |
|------------------------|---|----------|-------------|
|                        | ) | CASE NO. | 17-05693-hb |
| WANDA WILLIAMS JOHNSON | ) | CHAPTER  | 13          |
| DEBTOR                 | ) |          |             |
|                        | ) |          |             |

#### NOTICE OF FILING OF SCHEDULES AND STATEMENTS, VERIFICATION OF COMPARISON WITH MAILING MATRIX AND DECLARATION OF DEBTOR

The debtor hereby gives notice of the filing of the following Schedules and Statements:

Summary of Schedules

Schedule A/B

Schedule C

Schedule D

Schedule E/F

Schedule G

Schedule H

Schedule I

Schedule J

Statement of Financial Affairs

Statement of Current Monthly Income (Form 122)

The debtor's declaration concerning the schedules appears following Schedule J. The remaining declarations appear with each schedule or statement.

The undersigned hereby verifies that the creditors listed in the attached schedules and statements and those listed on the mailing matrix filed with the petition for relief have been compared and are identical.

Respectfully submitted.

Date: 11/27/17 /s/ Joseph E. Mitchell, III

Joseph E. Mitchell, III Attorney For Debtor

JOSEPH E. MITCHELL, III, P.C.

Post Office Box 2504 Augusta, Georgia 30903

(706) 826-1808

District Court ID No. 6115

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| Fill in this infor                      | mation to identify your | case:             |           |              |
|---|-------------------------|-------------------|-----------|--------------|
| Debtor 1                                | Wanda Williams .        |                   |           |              |
|   | First Name              | Middle Name       | Last Name |              |
| Debtor 2                                |                         |                   |           |              |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name |              |
| United States Bankruptcy Court for the: |                         | DISTRICT OF SOUTH | CAROLINA  |              |
| Case number                             | 17-05693                |                   |           |              |
| (if known)                              |                         |                   |           | ☐ Check if t |
|   |                         |                   |           | amended      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par             | t 1: Summarize Your Assets  |             |                         |
|-----------------|---|-------------|-------------------------|
|                 |   | Your as     | ssets<br>f what you own |
| 1.              | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 126,043.00              |
|                 | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 24,840.00               |
|                 | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 150,883.00              |
| ⊃ar             | t 2: Summarize Your Liabilities   |             |                         |
|                 |   |             | abilities<br>: you owe  |
| 2.              | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                  | \$          | 91,600.00               |
| 3.              | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$          | 2,847.0                 |
|                 | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 3,819.00                |
|                 | Your total liabilities  | \$          | 98,266.00               |
| <sup>o</sup> ar | t 3: Summarize Your Income and Expenses   |             |                         |
| 1.              | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 2,337.7                 |
| 5.              | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 1,735.00                |
| Par             | t 4: Answer These Questions for Administrative and Statistical Records  |             |                         |
| 3.              | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                      | r other sch | edules.                 |
| 7.              | ■ Yes What kind of debt do you have?  |             |                         |
|                 | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | ı personal, | family, or              |
|                 |   |             |                         |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 Wanda Williams Johnson Case number (if known) 17-05693

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,406.14

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort 4 on Schodula E/E copy the followings  | Total cla | im       |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following:   |           |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 2,847.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 2,847.00 |

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|                                 |                                  |                       | Doc         | ument                | Page 4 of 36                     | ,               |  |           |                                       |
|---------------------------------|----------------------------------|-----------------------|-------------|----------------------|----------------------------------|-----------------|--|-----------|---------------------------------------|
| Fill in this in                 | formation to identify            | your case and th      | nis filinç  | j:                   |                                  |                 |  |           |                                       |
| Debtor 1                        | Wanda Willi                      | ams Johnson           |             |                      |                                  |                 |  |           |                                       |
| Dahtar 0                        | First Name                       | Middle                | e Name      |                      | Last Name                        |                 |  |           |                                       |
| Debtor 2<br>(Spouse, if filing) | First Name                       | Middle                | e Name      |                      | Last Name                        |                 |  |           |                                       |
| United States                   | s Bankruptcy Court for           | the: DISTRICT         | OF SOL      | JTH CAROLI           | NA                               |                 |  |           |                                       |
|                                 |                                  |                       |             |                      |                                  |                 |  |           |                                       |
| Case number                     | 17-05693                         |                       |             |                      | _                                |                 |  |           | heck if this is an<br>mended filing   |
|                                 |                                  |                       |             |                      |                                  |                 |  | aı        | nended ming                           |
|                                 |                                  |                       |             |                      |                                  |                 |  |           |                                       |
| Official I                      | Form 106A/E                      | <u>3</u>              |             |                      |                                  |                 |  |           |                                       |
| Sched                           | ule A/B: Pi                      | ropertv               |             |                      |                                  |                 |  |           | 12/15                                 |
|                                 |                                  | <u> </u>              | an asset    | only once. If        | an asset fits in more than one   | e category, lis | at the asset in  | the cate  | gory where you                        |
| hink it fits bes                | t. Be as complete and            | accurate as possib    | le. If two  | married peop         | le are filing together, both are | equally resp    | onsible for su   | pplying   | correct                               |
| Answer every o                  |                                  | attach a separate s   | neet to ti  | ns form. On ti       | ne top of any additional pages   | s, write your r | iame and case  | numbe     | r (ir known).                         |
| Part 1: Desc                    | riba Each Daoidenas D            | uilding Land or O     | har Daal    | Estata Valu          | wn or Have an Interest In        |                 |  |           |                                       |
| Tart I. Desci                   | nibe Lacii Nesidence, D          | unung, Land, or O     | iller ixeal | LState 100 O         | wir of Flave all litterest in    |                 |  |           |                                       |
| l. Do you own                   | or have any legal or ed          | uitable interest in a | any resid   | ence, building       | g, land, or similar property?    |                 |  |           |                                       |
| ☐ No. Go to                     | Part 2.                          |                       |             |                      |                                  |                 |  |           |                                       |
| Yes. Who                        | ere is the property?             |                       |             |                      |                                  |                 |  |           |                                       |
|                                 |                                  |                       |             |                      |                                  |                 |  |           |                                       |
|                                 |                                  |                       |             |                      |                                  |                 |  |           |                                       |
| 1.1                             |                                  |                       | What        | is the propert       | ty? Check all that apply         |                 |  |           |                                       |
| 567 Ma                          | y Royal Drive                    |                       |             | Single-family        | home                             | Do not ded      | uct secured cla  | ims or e  | xemptions. Put                        |
| Street add                      | ress, if available, or other des | scription             |             | Duplex or mu         | ılti-unit building               |                 | of any secured claims on Schedule L<br>Who Have Claims Secured by Property |           |                                       |
|                                 |                                  |                       | _           | Condominium          | n or cooperative                 | Creditors v     | viio i lave Claiii   | iis Secui | ed by Floperty.                       |
|                                 |                                  |                       |             | Manufactura          | d ar mahila hama                 |                 |  |           |                                       |
| Aiken                           | sc                               | 29801-0000            |             |                      | d or mobile home                 | Current va      |  |           | nt value of the                       |
| City                            | State                            | ZIP Code              |             | Land<br>Investment p | roporty                          | entire prop     | perty?<br>21,043.00  | portio    | n you own?<br>\$121,043.00            |
| City                            | State                            | ZIF Code              |             | Timeshare            | торену                           | Ψ12             | 21,043.00  |           | φ121,043.00                           |
|                                 |                                  |                       |             | Other                |                                  |                 |  |           | ership interest<br>the entireties, or |
|                                 |                                  |                       | Who         | has an interes       | st in the property? Check one    |                 | e), if known.  | ancy by   | the chineties, or                     |
|                                 |                                  |                       |             | Debtor 1 only        | , , ,                            | Fee sim         | ple  |           |                                       |
| Aiken                           |                                  |                       |             | Debtor 2 only        | /                                |                 |  |           |                                       |
| County                          |                                  |                       |             | Debtor 1 and         | Debtor 2 only                    | - Cheek         | t if this is com   | muniter   | property                              |
|                                 |                                  |                       |             | At least one         | of the debtors and another       |                 | structions)  | mumity    | ргоренц                               |
|                                 |                                  |                       | Othe        | r information y      | you wish to add about this ite   | m, such as lo   | cal  |           |                                       |
|                                 |                                  |                       | prop        | erty identificat     | tion number:                     |                 |  |           |                                       |

Official Form 106A/B Schedule A/B: Property page 1

#136-05-08-001

debtor's residence: home & 0.8 acre lot; property purchased 1997

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| Debt          | tor 1 Wanda Williams Johnson   | Ca  | ase number (if known)                 | 17-05693  |
|---------------|--|---|---------------------------------------|---|
|               | If you own or have more than one   | list here:  |                                       |   |
| 1.2           | in you own or have more than one   | What is the property? Check all that apply  |                                       |   |
|               | 3783 Old 96 Indian Trail   | ☐ Single-family home  | Do not deduct secure                  | d claims or exemptions. Put                                     |
| -             | Street address, if available, or other description   | Duplex or multi-unit building   | the amount of any se                  | cured claims on Schedule D:                                     |
|               |  | Condominium or cooperative  | Creditors who have                    | Claims Secured by Property.                                     |
|               |  | _   |                                       |   |
|               |  | Manufactured or mobile home   | Current value of the                  | Current value of the  |
| _             | Wagener SC 29164-0   | 0000 Land   | entire property?                      | portion you own?  |
|               | City State ZIP Co  | ode   | \$10,000.0                            | <u>0</u> \$5,000.00   |
|               |  | ☐ Timeshare   | Describe the nature                   | of your ownership interest                                      |
|               |  | Other   | (such as fee simple                   | tenancy by the entireties, or                                   |
|               |  | Who has an interest in the property? Check one  | a life estate), if know<br>Fee simple | vn.   |
|               | Aiken  | ☐ Debtor 1 only   | ree simple                            |   |
| -             | County   | Debtor 2 only   |                                       |   |
|               | County   | Debtor 1 and Debtor 2 only  |                                       | community property  |
|               |  | At least one of the debtors and another   | (see instructions)                    |   |
|               |  | Other information you wish to add about this in property identification number:   | item, such as local                   |   |
|               |  | 1/2 interest w/Mother in 2.0 acre lot #272-00-14-004  |                                       |   |
|               |  |   |                                       |   |
|               |  |   | _                                     |   |
|               |  | own for all of your entries from Part 1, including a  |                                       | \$126,043.00  |
| þ             | pages you have attached for Part 1. Wr   | ite that number here  | =>                                    | φ120,043.00   |
| Part :        | 2: Describe Your Vehicles  |   |                                       |   |
| _             |  |   |                                       |   |
|               |  | <b>le interest in any vehicles, whether they are registe</b> so report it on <i>Schedule G: Executory Contracts and</i> L |                                       | y vehicles you own that   |
| 301110        | one cloc drives. If you leade a veriloie, all  | to report it on conceans of Executory Contracts and C   | тохриса Есавсь.                       |   |
| 3. <b>C</b> a | ars, vans, trucks, tractors, sport utility   | vehicles, motorcycles   |                                       |   |
| П             | No   |   |                                       |   |
| _             |  |   |                                       |   |
|               | Yes  |   |                                       |   |
|               |  |   | Do not doduct coour                   | ad alaima ar avamatiana. Dut                                    |
| 3.1           | Make: Mercedes   | Who has an interest in the property? Check one  |                                       | ed claims or exemptions. Put cured claims on <i>Schedule D:</i> |
|               | Model: E350 Sedan  | Debtor 1 only   | Creditors Who Have                    | Claims Secured by Property.                                     |
|               | Year: <b>2010</b>  | Debtor 2 only   | Current value of the                  |   |
|               | Approximate mileage: 70,000  | Debtor 1 and Debtor 2 only  | entire property?                      | portion you own?  |
|               | Other information:   | At least one of the debtors and another   |                                       |   |
|               | Vehicle purchased 12/2016  |   | \$17,100.0                            | 0 \$17,100.00   |
|               |  | ☐ Check if this is community property (see instructions)  |                                       |   |
|               |  |   | Do not dodust as                      | ad alaima ar avamatiana. Dut                                    |
| 3.2           |  | Who has an interest in the property? Check one  |                                       | ed claims or exemptions. Put cured claims on Schedule D:        |
|               | Model: GS300   | ■ Debtor 1 only   |                                       | Claims Secured by Property.                                     |
|               | Year: <b>2005</b>  | Debtor 2 only   | Current value of the                  | Current value of the  |
|               | Approximate mileage: 200,000   | Debtor 1 and Debtor 2 only  | entire property?                      | portion you own?  |
|               | Other information:   | At least one of the debtors and another   |                                       |   |
|               |  | Постина   | \$3,575.0                             | 0 \$3,575.00  |
|               |  | Check if this is community property (see instructions)  | Ψ5,57 3.0                             | Ψο,στο.υυ   |
|               | T. Control of the Con | <u></u>   |                                       |   |

Official Form 106A/B Schedule A/B: Property page 2

Case 17-05693-hb Doc 8 Filed 11/27/17 Entered 11/27/17 20:44:14 Document Page 6 of 36 Case number (if known) 17-05693 Debtor 1 **Wanda Williams Johnson** Do not deduct secured claims or exemptions. Put Honda 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Prelude** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 1996 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: lacksquare At least one of the debtors and another vehicle not running \$50.00 \$50.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$20,725.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe..... household goods: Refrigerator; Dishwasher; Stove; Dryer; Washer; Dining Room Furn; Living Room Furn; Bedroom Furn; \$2,050.00 Den Furn; 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... household goods: Television; Stereo \$260.00 8 Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms

Official Form 106A/B Schedule A/B: Property page 3

☐ Yes. Describe.....

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

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Debtor 1 Wanda Williams Johnson Case number (if known) 17-05693

| DE  | wanda wiiiia   | ams Jonnson  | Case number (if kr   | 17-05693  |
|-----|--|--|--|---|
|     | Clothes  Examples: Everyday clo □ No ■ Yes. Describe   | othes, furs, leather coats, des                        | signer wear, shoes, accessories  |   |
|     |  | Clothing   |  | \$400.00  |
|     | Jewelry Examples: Everyday jer □ No ■ Yes. Describe  | , , , ,  | gement rings, wedding rings, heirloom jewelry, watches, ge   |   |
|     |  | Jewelry  |  | \$200.00  |
| 14. | Non-farm animals  Examples: Dogs, cats,   No  Yes. Describe  Any other personal and  No  Yes. Give specific info | d household items you did                              | not already list, including any health aids you did not li   | ist   |
|     | Tes. Oive specific fills   | omation  |  |   |
| 15  |  | -  | Part 3, including any entries for pages you have attache   | d \$2,910.00  |
|     | rt 4: Describe Your Finan  |  |  |   |
| Do  | o you own or have any l  | egal or equitable interest in                          | n any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | ■ No   | have in your wallet, in your ho                        | ome, in a safe deposit box, and on hand when you file your   | petition  |
|     | institutions.  |  | ounts; certificates of deposit; shares in credit unions, brokers with the same institution, list each. | rage houses, and other similar  |
|     | □ No ■ Yes   |  | Institution name:  |   |
|     |  | 17.1. Checking   | SRP Federal Credit Union   | \$905.00  |
|     |  | 17.2. Savings  | SRP Federal Credit Union   | \$300.00  |
| 18. |  | or publicly traded stocks investment accounts with bro | okerage firms, money market accounts   |   |
|     | Yes  | Institution or issuer                                  | name:  |   |
|     | joint venture  | ock and interests in incorp                            | orated and unincorporated businesses, including an in  | terest in an LLC, partnership, and  |
|     | <ul><li>■ No</li><li>□ Yes. Give specific inference</li></ul>  | ormation about them                                    |  |   |
|     | ,  | Name of entity:  | % of ownership:  |   |

Official Form 106A/B Schedule A/B: Property

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Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

☐ Yes. Give specific information......

Case 17-05693-hb Doc 8 Filed 11/27/17 Entered 11/27/17 20:44:14 Document Page 9 of 36 Case number (if known) 17-05693 Debtor 1 **Wanda Williams Johnson** 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: S. Johnson \$0.00 State Farm Life; term policy term policy through employer S. Johnson \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,205.00 for Part 4. Write that number here...... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

page 6

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Debtor 1 Case number (if known) 17-05693 **Wanda Williams Johnson** 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 ...... \$126,043.00 Part 2: Total vehicles, line 5 \$20,725.00 Part 3: Total personal and household items, line 15 57. \$2,910.00 Part 4: Total financial assets, line 36 58. \$1,205.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$24,840.00 Copy personal property total \$24,840.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$150,883.00

Official Form 106A/B Schedule A/B: Property page 7

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| Fill in this infor                      | mation to identify your | case:               |           |                                    |
|---|-------------------------|---------------------|-----------|------------------------------------|
| Debtor 1                                | Wanda Williams          | Johnson             |           |                                    |
|   | First Name              | Middle Name         | Last Name |                                    |
| Debtor 2                                |                         |                     |           |                                    |
| (Spouse if, filing)                     | First Name              | Middle Name         | Last Name |                                    |
| United States Bankruptcy Court for the: |                         | DISTRICT OF SOUTH ( | CAROLINA  |                                    |
| Case number                             | 17-05693                |                     |           |                                    |
| (if known)                              |                         |                     |           | Check if this is an amended filing |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa   | rt 1: Identify the Property You Claim as E   | xempt                                |        |   |                                       |  |  |  |  |  |  |
|--|--|--------------------------------------|--------|---|---------------------------------------|--|--|--|--|--|--|
| 1.   | . Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.          |                                      |        |   |                                       |  |  |  |  |  |  |
|  | You are claiming state and federal nonbank   | kruptcy exemptions.                  | 11 U.S | S.C. § 522(b)(3)  |                                       |  |  |  |  |  |  |
|  | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)   |                                      |        |   |                                       |  |  |  |  |  |  |
| 2.   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below.           |                                      |        |   |                                       |  |  |  |  |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property                       | Current value of the portion you own | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption    |  |  |  |  |  |  |
|  | ,  | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                       |  |  |  |  |  |  |
|  | 567 May Royal Drive Aiken, SC 29801<br>Aiken County  | \$121,043.00                         |        | \$52,400.00   | S.C. Code Ann. §<br>15-41-30(A)(1)(a) |  |  |  |  |  |  |
|  | debtor's residence: home & 0.8 acre lot; property purchased 1997 #136-05-08-001 Line from Schedule A/B: 1.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit | 13-41-30(A)(1)(a)                     |  |  |  |  |  |  |
|  | 3783 Old 96 Indian Trail Wagener, SC   | \$5,000.00                           |        | \$4,695.00  | S.C. Code Ann. §<br>15-41-30(A)(7)    |  |  |  |  |  |  |
|  | 29164 Aiken County<br>1/2 interest w/Mother in 2.0 acre lot<br>#272-00-14-004<br>Line from Schedule A/B: 1.2 |                                      |        | 100% of fair market value, up to any applicable statutory limit | 13-41-30(A)(T)                        |  |  |  |  |  |  |
|  | 2005 Lexus GS300 200,000 miles<br>Line from <i>Schedule A/B</i> : <b>3.2</b>                                 | \$3,575.00                           |        | \$3,575.00  | S.C. Code Ann. §<br>15-41-30(A)(2)    |  |  |  |  |  |  |
|  | Line Holli Schedule AVB. 3.2   |                                      |        | 100% of fair market value, up to any applicable statutory limit | 13-41-30(A)(Z)                        |  |  |  |  |  |  |
|  | household goods: Refrigerator;   | \$2,050.00                           |        | \$2,050.00  | S.C. Code Ann. §                      |  |  |  |  |  |  |
| Dishwasher; Stove; Dryer; Washe<br>Dining Room Furn; Living Room<br>Furn; Bedroom Furn; Den Furn;<br>Line from Schedule A/B: 6.1 |  |                                      |        | 100% of fair market value, up to any applicable statutory limit | 15-41-30(A)(3)                        |  |  |  |  |  |  |

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| otor 1   | Wanda Williams Johnson  |                                      |         |              | Case number (if known)                         | 17-05693                                |
|----------|---|--------------------------------------|---------|--------------|--|---|
|          | of description of the property and line on wedule A/B that lists this property    | Current value of the portion you own | Ame     | ount of the  | exemption you claim                            | Specific laws that allow exemption      |
|          |   | Copy the value from<br>Schedule A/B  | Che     | eck only one | box for each exemption.                        |   |
|          | usehold goods: Television; Stereo   | \$260.00                             | •       |              | \$260.00                                       | S.C. Code Ann. §<br>15-41-30(A)(3)      |
|          |   |                                      |         |              | fair market value, up to cable statutory limit |   |
|          | othing<br>e from Schedule A/B: 11.1   | \$400.00                             |         |              | \$400.00                                       | S.C. Code Ann. §<br>15-41-30(A)(3)      |
|          |   |                                      |         |              | fair market value, up to cable statutory limit |   |
|          | welry<br>e from Schedule A/B: 12.1  | \$200.00                             |         |              | \$200.00                                       | S.C. Code Ann. §<br>15-41-30(A)(4)      |
|          |   |                                      |         |              | fair market value, up to cable statutory limit |   |
|          | ecking: SRP Federal Credit Union  | \$905.00                             |         |              | \$905.00                                       | S.C. Code Ann. §<br>15-41-30(A)(7) from |
|          | Holl Schedule A/B. 11.1   |                                      |         |              | fair market value, up to cable statutory limit | homestead (A)(1)                        |
|          | vings: SRP Federal Credit Union   | \$300.00                             |         |              | \$300.00                                       | S.C. Code Ann. §<br>15-41-30(A)(7) from |
|          |   |                                      |         |              | fair market value, up to cable statutory limit | homestead (A)(1)                        |
|          | nsion: Owens Corning<br>e from Schedule A/B: 21.1                                 | \$0.00                               |         |              | 0%   | S.C. Code Ann. §<br>15-41-30(A)(14)     |
|          |   |                                      |         |              | fair market value, up to cable statutory limit | ( ), /                                  |
| l01      | (k): AGY (company contribution  | Unknown                              |         |              | 0%   | S.C. Code Ann. §<br>15-41-30(A)(14)     |
|          | e from Schedule A/B: 21.2   |                                      |         |              | fair market value, up to cable statutory limit |   |
|          | ite Farm Life; term policy<br>neficiary: S. Johnson                               | \$0.00                               |         |              | 100%   | S.C. Code Ann. §<br>15-41-30(A)(8)      |
|          | e from Schedule A/B: 31.1   |                                      |         |              | fair market value, up to cable statutory limit |   |
|          | m policy through employer<br>neficiary: S. Johnson                                | \$0.00                               |         |              | 100%   | S.C. Code Ann. §<br>15-41-30(A)(8)      |
|          | e from Schedule A/B: 31.2   |                                      |         |              | fair market value, up to cable statutory limit | V /V-7                                  |
| (Su<br>■ | you claiming a homestead exemption object to adjustment on 4/01/19 and every 3 No | 3 years after that for ca            | ises fi |              | ·  | ,                                       |
|          | Yes. Did you acquire the property covered No                                      | ea by the exemption w                | ilnin 1 | ,∠15 days    | Delore you filed this case                     | <i>:</i>                                |
|          | □ Yes   |                                      |         |              |  |   |

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| Fill in this information to                  | identify you      | r case:  |                 |   |                          |                   |
|--|-------------------|--|-----------------|---|--------------------------|-------------------|
| Debtor 1 Wand                                | la Williams       | Johnson  |                 |   |                          |                   |
| First Nar                                    | me                | Middle Name  | Last Name       |   |                          |                   |
| Debtor 2<br>(Spouse if, filing) First Nar    | me                | Middle Name  | Last Name       |   |                          |                   |
| United States Bankruptcy (                   | Court for the:    | DISTRICT OF SOUTH CAROI  | LINA            |   |                          |                   |
| C  |                   |  |                 |   |                          |                   |
| Case number 17-05693                         | 3                 |  |                 |   | ☐ Check                  | if this is an     |
| ,  |                   |  |                 |   | _                        | led filing        |
| 000 - 15 4005                                |                   |  |                 |   |                          |                   |
| Official Form 106D                           | -                 |  |                 |   |                          |                   |
| Schedule D: Cr                               | editors           | Who Have Claims  | Secure          | ed by Property                            | y                        | 12/15             |
|  |                   | If two married people are filing togethout, number the entries, and attach it  |                 |   |                          |                   |
| 1. Do any creditors have clair               | ns secured by     | your property?   |                 |   |                          |                   |
| ☐ No. Check this box                         | and submit th     | nis form to the court with your other  | r schedules.    | You have nothing else to                  | o report on this form.   |                   |
| Yes. Fill in all of the                      | information b     | below.   |                 | Ç   | •                        |                   |
| Part 1: List All Secure                      |                   |  |                 |   |                          |                   |
| •  |                   | more than one secured claim, list the cr   | oditor congrate | Column A                                  | Column B                 | Column C          |
| for each claim. If more than or              | ne creditor has   | more than one secured claim, list the creditor separate<br>a particular claim, list the other creditors in Part 2. As<br>cal order according to the creditor's name. |                 | Amount of claim                           | Value of collateral      | Unsecured         |
| much as possible, list the clain             | ns in alphabetion |  |                 | Do not deduct the<br>value of collateral. | that supports this claim | portion<br>If any |
| 2.1 Republic Finance                         |                   | Describe the property that secures   | the claim:      | \$2,000.00                                | \$2,310.00               | \$2,000.00        |
| Creditor's Name                              |                   | household goods  |                 |   |                          |                   |
| ATTN Office Mana<br>404 E Martintown         |                   |  |                 |   |                          |                   |
| Unit C                                       | ιτα               | As of the date you file, the claim is: apply.  | Check all that  |   |                          |                   |
| North Augusta, S                             | C 29841           | Contingent   |                 |   |                          |                   |
| Number, Street, City, State 8                | & Zip Code        | ☐ Unliquidated   |                 |   |                          |                   |
|  |                   | ☐ Disputed   |                 |   |                          |                   |
| Who owes the debt? Check                     | cone.             | Nature of lien. Check all that apply.  |                 |   |                          |                   |
| ■ Debtor 1 only                              |                   | ☐ An agreement you made (such as car loan)   | mortgage or s   | secured                                   |                          |                   |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ,                 | ☐ Statutory lien (such as tax lien, me   | obonio'o lion\  |   |                          |                   |
| At least one of the debtors                  |                   | ☐ Judgment lien from a lawsuit   | echanic's lien) |   |                          |                   |
| ☐ Check if this claim relates                |                   | Other (including a right to offset)  | Non-Purc        | hase Money Securit                        | у                        |                   |
| community debt                               |                   | Carlot (moldaling a right to officely  |                 |   | <u>-</u>                 |                   |
| Date debt was incurred                       |                   | Last 4 digits of account num   | nber            |   |                          |                   |
| 2.2 SLS Mortgage                             |                   | Describe the property that secures   | the claim:      | \$70,000.00                               | \$121,043.00             | \$0.00            |
| 2.2 SLS Mortgage Creditor's Name             |                   | 567 May Royal Drive Aiken,   |                 | φησ,σσσ.σσ                                | φ121,043.00              | φυ.υυ             |
|  |                   | 29801 Aiken County   |                 |   |                          |                   |
|  |                   | debtor's residence: home &   |                 |   |                          |                   |
| 8742 Lucent Blvd                             |                   | lot; property purchased 19   | 97              |   |                          |                   |
| #300   | 00                | #136-05-08-001 As of the date you file, the claim is:  | Check all that  |   |                          |                   |
| Highlands Ranch,<br>80129                    | CO                | apply.   |                 |   |                          |                   |
| Number, Street, City, State 8                | R. Zin Code       | ☐ Contingent☐ Unliquidated   |                 |   |                          |                   |
| rumbor, otroot, only, otato t                | x Zip Gode        | ☐ Disputed   |                 |   |                          |                   |
| Who owes the debt? Check                     | one.              | Nature of lien. Check all that apply.  |                 |   |                          |                   |
| Debtor 1 only                                |                   | ☐ An agreement you made (such as   | mortgage or s   | secured                                   |                          |                   |
| Debtor 2 only                                |                   | car loan)  |                 |   |                          |                   |
| Debtor 1 and Debtor 2 only                   |                   | ☐ Statutory lien (such as tax lien, me   | echanic's lien) |   |                          |                   |
| At least one of the debtors                  | and another       | ☐ Judgment lien from a lawsuit   |                 |   |                          |                   |

community debt

 $\hfill \Box$  Check if this claim relates to a

Other (including a right to offset)

Mortgage

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| Debtor 1 Wanda Williams John                                  | son   |                                      | Case number (if know) 17-05693 |             |            |  |  |
|---|---|--------------------------------------|--------------------------------|-------------|------------|--|--|
| First Name Middle   | Name Last Name  | =                                    |                                |             |            |  |  |
| Date debt was incurred  | Last 4 digits of account numb   | Last 4 digits of account number 1429 |                                |             |            |  |  |
| Wells Fargo Dealer<br>Services                                | Describe the property that secures t  | he claim:                            | \$19,000.00                    | \$17,100.00 | \$1,900.00 |  |  |
| Creditor's Name   | 2010 Mercedes E350 Sedan miles  |                                      |                                |             |            |  |  |
| P O Box 25341<br>Santa Ana, CA<br>92799-5341                  | Vehicle purchased 12/2016  As of the date you file, the claim is: (apply.  Contingent | Check all that                       | J                              |             |            |  |  |
| Number, Street, City, State & Zip Code                        | Unliquidated  |                                      |                                |             |            |  |  |
| Who owes the debt? Check one.                                 | Disputed  Nature of lien. Check all that apply.                                       |                                      |                                |             |            |  |  |
| ■ Debtor 1 only □ Debtor 2 only                               | An agreement you made (such as n<br>car loan)   | nortgage or                          | secured                        |             |            |  |  |
| Debtor 1 and Debtor 2 only                                    | ☐ Statutory lien (such as tax lien, med   | hanic's lien                         | )                              |             |            |  |  |
| At least one of the debtors and anothe                        | r   |                                      |                                |             |            |  |  |
| ☐ Check if this claim relates to a community debt             | Other (including a right to offset)   | Security                             | Agreement                      |             |            |  |  |
| Date debt was incurred  | Last 4 digits of account numb   | er                                   |                                |             |            |  |  |
| 2.4 World Finance   | Describe the property that secures t  | he claim:                            | \$600.00                       | \$2,310.00  | \$600.00   |  |  |
| Creditor's Name   | household goods   |                                      |                                |             |            |  |  |
| ATTN Office Manager<br>3555 Richland Ave W<br>Aiken, SC 29801 | As of the date you file, the claim is: apply.  ☐ Contingent                           | Check all that                       |                                |             |            |  |  |
| Number, Street, City, State & Zip Code                        | ☐ Unliquidated ☐ Disputed   |                                      |                                |             |            |  |  |
| Who owes the debt? Check one.                                 | Nature of lien. Check all that apply.   |                                      |                                |             |            |  |  |
| ■ Debtor 1 only □ Debtor 2 only                               | An agreement you made (such as n car loan)  | nortgage or                          | secured                        |             |            |  |  |
| ☐ Debtor 1 and Debtor 2 only                                  | ☐ Statutory lien (such as tax lien, med   | hanic's lien                         | )                              |             |            |  |  |
| ☐ At least one of the debtors and anothe                      |   |                                      |                                |             |            |  |  |
|   |   | Non-Pur                              | Purchase Money Security        |             |            |  |  |
| Date debt was incurred  | Last 4 digits of account numb   | er                                   |                                |             |            |  |  |
|   |   |                                      |                                |             |            |  |  |
| -   | Column A on this page. Write that numb  | er here:                             | \$91,600                       | .00         |            |  |  |
| Write that number here:                                       | dd the dollar value totals from all pages.  |                                      | \$91,600                       | .00         |            |  |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|---|---|---|--|--|--|---|--|--|
| Fill in this info   | ormation to identify your ca  | ise:  |  |  |  |   |  |  |
| Debtor 1  | Wanda Williams Jo   | hnson   |  |  |  |   |  |  |
| 20010   | First Name  | Middle Name   | Last Name  |  |  |   |  |  |
| Debtor 2  |   |   |  |  |  |   |  |  |
| (Spouse if, filing)   | First Name  | Middle Name   | Last Name  |  |  |   |  |  |
| United States E   | Bankruptcy Court for the:   | DISTRICT OF SOUTH   | CAROLINA   |  |  |   |  |  |
| Case number   | 47.05602  |   |  |  |  |   |  |  |
| (if known)  | 17-05693  |   |  |  | ☐ Check  | if this is an   |  |  |
|   |   |   |  |  | _  | led filing  |  |  |
| ~   |   |   |  |  |  |   |  |  |
|   | rm 106E/F   |   |  |  |  |   |  |  |
| <u>Schedule</u>   | E/F: Creditors Wh   | o Have Unsecu   | ired Claims  |  |  | 12/15   |  |  |
| any executory co<br>Schedule G: Exe<br>Schedule D: Cred<br>left. Attach the C | and accurate as possible. Use<br>ontracts or unexpired leases th<br>cutory Contracts and Unexpire<br>ditors Who Have Claims Secur<br>ontinuation Page to this page.<br>number (if known). | at could result in a claim.<br>ed Leases (Official Form 1<br>ed by Property. If more sp     | Also list executory cont<br>06G). Do not include any<br>pace is needed, copy the | tracts on Schedule A/B: F<br>r creditors with partially s<br>Part you need, fill it out, I | Property (Official For<br>secured claims that a<br>number the entries in | m 106A/B) and on<br>are listed in<br>n the boxes on the |  |  |
| Part 1: List  | All of Your PRIORITY Unse   | ecured Claims   |  |  |  |   |  |  |
|   | litors have priority unsecured  | claims against you?   |  |  |  |   |  |  |
| ☐ No. Go to   | Part 2.   |   |  |  |  |   |  |  |
| Yes.  |   |   |  |  |  |   |  |  |
| identify what<br>possible, list<br>Part 1. If mo                              | our priority unsecured claims.<br>type of claim it is. If a claim has<br>the claims in alphabetical order<br>re than one creditor holds a parti<br>anation of each type of claim, sea     | both priority and nonpriority according to the creditor's n cular claim, list the other cre | amounts, list that claim he<br>ame. If you have more tha<br>editors in Part 3.   | ere and show both priority a<br>n two priority unsecured cla                               | nd nonpriority amount  | ts. As much as  |  |  |
|   |   |   |  |  | amount   | amount  |  |  |
|   | al Revenue Service Creditor's Name  | Last 4 digits of  | account number   | \$2,847.00   | \$2,847.00   | \$0.00  |  |  |
| 1835 A<br>MDP :   | Assembly St   | When was the  | debt incurred?   |  | -  |   |  |  |
|   | r Street City State Zlp Code  | As of the date  | you file, the claim is: Che  | eck all that apply   |  |   |  |  |
| Who incur   | red the debt? Check one.  | ☐ Contingent  |  |  |  |   |  |  |
| Debtor  | 1 only  | ☐ Unliquidated  | I  |  |  |   |  |  |
| ☐ Debtor  | 2 only  | ☐ Disputed  |  |  |  |   |  |  |
| ☐ Debtor  | 1 and Debtor 2 only   | •   | ITY unsecured claim:   |  |  |   |  |  |
| _   | one of the debtors and another  | ☐ Domestic su   | pport obligations  |  |  |   |  |  |
| _   | if this claim is for a communit   | y dobt Tayes and o  | ertain other debts you owe   | the government   |  |   |  |  |
|   | n subject to offset?  | <u></u>   | eath or personal injury whi  |  |  |   |  |  |
| ■ No  |   |   | Other. Specify   |  |  |   |  |  |
| ☐ Yes   |   | _ 0   | income tax - 201   | 14 tax year  |  |   |  |  |
| Part 2: List  | All of Your NONPRIORITY   | Unsecured Claims  |  |  |  |   |  |  |
|   | litors have nonpriority unsecu  |   |  |  |  |   |  |  |
| _   | have nothing to report in this par  |   | urt with your other schodul  | AS   |  |   |  |  |
|   | nave nothing to report in this par  | i. Gabrilli tillə form to tile co   | art with your other scriedul   | <b>с</b> ა.  |  |   |  |  |
| Yes.  |   |   |  |  |  |   |  |  |

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim** 

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| Debto | Wanda Williams Johnson   | Case number (if know) 17-05693  |                   |
|-------|--|---|-------------------|
| 4.1   | Aargon Agency Inc Nonpriority Creditor's Name  | Last 4 digits of account number   | \$292.00          |
|       | for Aiken Regional Medical Centers<br>8668 Spring Mountain Road<br>Las Vegas, NV 89117     | When was the debt incurred?   |                   |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim is: Check all that apply   |                   |
|       | ■ Debtor 1 only  | ☐ Contingent  |                   |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |                   |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                   |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                   |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |                   |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                   |
|       | ■ No   | lacksquare Debts to pension or profit-sharing plans, and other similar debts                              |                   |
|       | Yes  | ■ Other. Specify Services   |                   |
| 4.2   | IC System  | Last 4 digits of account number   | \$111.00          |
|       | Nonpriority Creditor's Name PO Box 64378 for Aiken Professional Assoc Saint Paul, MN 55164 | When was the debt incurred?   |                   |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                   |
|       | Who incurred the debt? Check one.  |   |                   |
|       | ■ Debtor 1 only  | ☐ Contingent  |                   |
|       | Debtor 2 only  | ☐ Unliquidated  |                   |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                   |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                   |
|       | ☐ Check if this claim is for a community   | Student loans   |                   |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                   |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                   |
|       | Yes  | Other. Specify Services   |                   |
| 4.3   | Internal Revenue Service   | Last 4 digits of account number   | \$3.324.00        |
|       | Nonpriority Creditor's Name  |   | <del>+ - , </del> |
|       | 1835 Assembly St<br>MDP 39   | When was the debt incurred?   |                   |
|       | Columbia, SC 29201   |   |                   |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |                   |
|       | Who incurred the debt? Check one.  |   |                   |
|       | Debtor 1 only  | Contingent  |                   |
|       | Debtor 2 only  | Unliquidated  |                   |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                   |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans   |                   |
|       | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |                   |
|       | Is the claim subject to offset?  | report as priority claims   |                   |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |                   |
|       | Yes  | ■ Other. Specify income tax - tax year 2013   |                   |
|       |  |   |                   |

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| Nonprotein Creditors Name for Alkine Physician Services LLC P. O. Box 25580 Nurticer Street City State 2tp Code Who incurred the debt? Check one.  | Debtor 1           | Wanda W           | illiams Johnson  |   | Case n       | umber (if know)      | 17-05693             |                                       |  |  |
|--|--------------------|-------------------|--|---|--------------|----------------------|----------------------|---------------------------------------|--|--|
| for Alken Physician Services LLC P. O. Box 26580 Indianapolis, IN A6226-0580 Navmber Street City State 12 Gode Who incurred the debt? Check one.    Check in to noty   Check one.   Check of this claim is for a community debt is the claim subject to offset?   Check one.   Check of this claim is for a community debt is the claim subject to offset?   Check one.   Check of this claim is for a community debt is the claim subject to offset?   Check  |                    |                   |  | Last 4 digits of account number   |              |                      | _                    | \$32.00                               |  |  |
| As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.    Debtor 1 only  |                    | for Aiken Pl      | hysician Services LLC  | When was the debt incurred?   |              |                      |                      |                                       |  |  |
| Who incurred the debt? Check cone.    Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 3 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 onl |                    |                   |  |   |              |                      |                      |                                       |  |  |
| Debtor 2 only  |                    |                   | •  | As of the date you file, the claim  | is: Check    | all that apply       |                      |                                       |  |  |
| Debtor 1 and Debtor 2 only   |                    | Debtor 1 onl      | y  | ☐ Contingent  |              |                      |                      |                                       |  |  |
| Debtor 1 and Debtor 2 only   |                    | Debtor 2 only     | v  | ☐ Unliquidated  |              |                      |                      |                                       |  |  |
| Al least one of the debtors and another   Check if this claim is for a community debt   Sind claim subject to offset?   Soutient learns   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations arising out of a separation agreement or divorce that you did not report as priority claims   Caligations   Caligations   Caligations   Caligations   Caligations   Caligations   Caligations   Caliga   |                    |                   | •  | <u> </u>  |              |                      |                      |                                       |  |  |
| Chack if this claim is for a community delt   Chigatens arising out of a separation agreement or divorce that you did not report agriculture in the claim subject to offset?   Chigatens arising out of a separation agreement or divorce that you did not report agriculture in the claim subject to offset?   Check one.   Chigatens arising out of a separation agreement or divorce that you did not report agriculture in the claim subject to offset?   Check one.   Check agriculture in the claim is for a community debt   Check if this claim is for a certain the claim subject to offset?   Check if this claim is for a certain check if the claim is check if this claim is for a certain check if the claim is certain check if the claim is check   |                    |                   |  | •   | d claim:     |                      |                      |                                       |  |  |
| debt   Chilipations arising out of a separation agreement or divorce that you did not report as priority claims  |                    | _                 |  | ☐ Student loans   |              |                      |                      |                                       |  |  |
| Is the claim subject to offset?  |                    |                   | s claim is for a community   | ☐ Obligations arising out of a sep  | aration ag   | reement or divorce   | e that you did not   |                                       |  |  |
| University Hospital Nonpriority Creditor's Name ATTN: Patient Accounts PO Box 2345 Augusta, GA 30903-2345 Number Street City State Jip Code Who incurred the debt? Check one.    Debtor 1 only   |                    | Is the claim sul  | bject to offset?   |   |              |                      | , ,                  |                                       |  |  |
| As   University Hospital   |                    | No                |  | Debts to pension or profit-shari  | ng plans, a  | and other similar d  | ebts                 |                                       |  |  |
| Nonpriority Creditor's Name ATTN: Patient Accounts PO Box 2345 Augusta, GA 39903-2345 Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only   |                    | ☐ Yes             |  | Other. Specify Services   |              |                      |                      |                                       |  |  |
| Nonpriority Creditor's Name ATTN: Patient Accounts PO Box 2345 Augusta, GA 39093-2345 Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only   | 4.5                | University F      |  | Last 4 digits of account number   |              |                      |                      | \$60.00                               |  |  |
| PO Box 2345 Augusta, GA 3903-2345 Number Street City State Zip Code Who incurred the debt? Check one.    Debtor 1 only   |                    | Nonpriority Cred  | ditor's Name   |   |              |                      | _                    | · · · · · · · · · · · · · · · · · · · |  |  |
| Number Street City State Zip Code Who incurred the debt? Check one.    Contingent  |                    |                   |  | When was the debt incurred?   | -            |                      |                      |                                       |  |  |
| Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only  | _                  | Augusta, G        | A 30903-2345   |   |              |                      |                      |                                       |  |  |
| Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only De |                    |                   |  | As of the date you file, the claim  | is: Check    | all that apply       |                      |                                       |  |  |
| Debtor 2 only  |                    | _                 |  |   |              |                      |                      |                                       |  |  |
| Debtor 1 and Debtor 2 only   |                    | Debtor 1 only     | у  | ☐ Contingent  |              |                      |                      |                                       |  |  |
| At least one of the debtors and another   Check if this claim is for a community debt   Check if this claim is for a community debt   Student loans   Check if this claim is for a community debt   Student loans   Check if this claim is for a community debt   Student loans   Check if this claim is for a community debt   Student loans   Check if this claim is for a community debt   Student loans   Check if this claim is for a community   Student loans   Check if this claim is for a community   Student loans   Check if this claim is for a community   Student loans   Check check if this claim is for a community   Student loans   Check ch   |                    | Debtor 2 only     | у  | ☐ Unliquidated  |              |                      |                      |                                       |  |  |
| Check if this claim is for a community debt   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Other. Specify   Other. Specify   Services      Services   Other sto Be Notified About a Debt That You Already Listed   |                    | Debtor 1 and      | d Debtor 2 only  | •   |              |                      |                      |                                       |  |  |
| Content of the content of the community debt   Content of the co   |                    | ☐ At least one    | of the debtors and another   | _   | d claim:     |                      |                      |                                       |  |  |
| Sthe claim subject to offset?   Content of say priority claims   Debts to pension or profit-sharing plans, and other similar debts   |                    |                   | s claim is for a community   | _   |              |                      |                      |                                       |  |  |
| Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346  Last 4 digits of account number  Part 4: Add the Amounts for Each Type of Unsecured Claims  C. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims  Total claims  6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6b. \$ 2,847.00 6c. Claims for death or personal injury while you were intoxicated 6c. Claims for death or personal injury while you were intoxicated 6c. Claims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for |                    |                   | bject to offset?   |   | aration ag   | reement or divorce   | e that you did not   |                                       |  |  |
| Part 3: List Others to Be Notified About a Debt That You Already Listed  5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  On which entry in Part 1 or Part 2 did you list the original creditor?  Internal Revenue Service  Centralized Insolvency Operation  PO Box 7346  Philadelphia, PA 19101-7346  Last 4 digits of account number  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number  Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims.  Total Claim  from Part 1 6b. Taxes and certain other debts you owe the government  6a. Domestic support obligations  6a. Domestic or personal injury while you were intoxicated  6b. Claims for death or personal injury while you were intoxicated  6c. Claims for death or personal injury while you were intoxicated  6c. Claims for death or personal injury while you were intoxicated  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00   |                    | No                |  | Debts to pension or profit-sharing plans, and other similar debts                   |              |                      |                      |                                       |  |  |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  |                    | ☐ Yes             |  | Other. Specify Services   |              |                      |                      |                                       |  |  |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address  | Part 3:            | List Others       | s to Be Notified About a Debt  | That You Already Listed   |              |                      |                      |                                       |  |  |
| is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  Name and Address Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346  Last 4 digits of account number  Part 4: Add the Amounts for Each Type of Unsecured Claims  Last 4 digits of account number  Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claims.  Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Claims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Glaims for death or personal injury while you were intoxicated 6c. Support to Support of Unsecured Claims. Write that amount here. 6d. Support of Unsecured Claims. Write that amount here. 6d. Support of Unsecured Claims. Write that amount here. 6d. Support of Unsecured Claims. Write that amount here. 6d. Support of Unsecured Claims.   |                    |                   |  |   | you alrea    | dy listed in Parts   | 1 or 2. For example  | , if a collection agency              |  |  |
| Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346  Last 4 digits of account number  Part 4: Add the Amounts for Each Type of Unsecured Claims  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total claims from Part 1  6a. Domestic support obligations  6a. Domestic support obligations  6b. \$ 0.00  Claims for death or personal injury while you were intoxicated 6c. \$ 0.00  Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00   | is tryin<br>have m | g to collect from | m you for a debt you owe to som<br>reditor for any of the debts that y | eone else, list the original creditor i<br>you listed in Parts 1 or 2, list the add | n Parts 1    | or 2, then list the  | collection agency l  | here. Similarly, if you               |  |  |
| Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346  Last 4 digits of account number  Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total claims from Part 1  6a. Domestic support obligations  6a. \$ 0.00  Total claims from Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00   | Name an            | d Address         | 0  | n which entry in Part 1 or Part 2 did yo  | ı list the o | riginal creditor?    |                      |                                       |  |  |
| Part 4: Add the Amounts for Each Type of Unsecured Claims  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Formula Claims  From Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. Sound  Claims  For Each Type of Unsecured Claims  Total Claim  6a. \$ 0.00  2,847.00  6b. \$ 2,847.00  6c. Claims for death or personal injury while you were intoxicated 6d. \$ 0.00  Claims for death or personal injury while you were intoxicated 6d. \$ 0.00  Claims for death or personal injury while you were intoxicated 6d. \$ 0.00  Claims for death or personal injury while you were intoxicated 6d. \$ 0.00  Claims for death or personal injury while you were intoxicated 6d. \$ 0.00  |                    |                   |  | ne <b>2.1</b> of ( <i>Check one</i> ):  | Part 1: 0    | Creditors with Prior | rity Unsecured Claim | IS                                    |  |  |
| Part 4: Add the Amounts for Each Type of Unsecured Claim  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total claims from Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.  East 4 digits of account number  Total Claim  6a. \$ 0.00  2,847.00  6b. \$ 2,847.00  6c. Claims for death or personal injury while you were intoxicated 6c. \$ 0.00  6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00  |                    |                   | ency Operation   | Γ   | Part 2: 0    | Creditors with Non   | priority Unsecured C | laims                                 |  |  |
| Add the Amounts for Each Type of Unsecured Claim  6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total Claim  6a. Domestic support obligations 6a. \$ 0.00  Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00   |                    |                   | 9101-7346  |   |              |                      |                      |                                       |  |  |
| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.  Total claims from Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  Claims for death or personal injury while you were intoxicated 6d. \$ 0.00  |                    |                   | La   | ast 4 digits of account number  |              |                      |                      |                                       |  |  |
| type of unsecured claim.  Total Claim  6a. Domestic support obligations  6a. \$ 0.00  Total claims from Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00  0.00   | Part 4:            | Add the Ar        | mounts for Each Type of Uns  | ecured Claim  |              |                      |                      |                                       |  |  |
| Total claims from Part 1  6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here.  6a. \$ 0.00  2,847.00  6c. \$ 0.00  6d. \$ 0.00   |                    |                   |  | s. This information is for statistical  | reporting    | purposes only. 2     | 8 U.S.C. §159. Add   | the amounts for each                  |  |  |
| Total claims from Part 1  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$ 0.00   |                    |                   |  |   |              | Tota                 | l Claim              |                                       |  |  |
| claims from Part 1  6b. Taxes and certain other debts you owe the government  6c. Claims for death or personal injury while you were intoxicated  6d. Other. Add all other priority unsecured claims. Write that amount here.  6d. \$  0.00  0.00  |                    |                   | Domestic support obligations   |   | 6a.          | \$                   | 0.00                 |                                       |  |  |
| from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$  0.00  0.00   |                    |                   |  |   |              |                      |                      |                                       |  |  |
| 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.00  |                    |                   | Taxes and certain other debts  | you owe the government  | 6b.          | \$                   | 2,847.00             |                                       |  |  |
|  |                    | 6c.               |  |   | 6c.          | \$                   | 0.00                 |                                       |  |  |
| So. Total Priority. Add lines So through Sd.   |                    | 6d.               | Other. Add all other priority unser                                    | cured claims. Write that amount here.   | 6d.          | \$                   | 0.00                 |                                       |  |  |
| be. Total Priority. Add lines ba through bd. be. \$ 2.847.00   |                    | 6e.               | Total Priority. Add lines 6a throu                                     | gh 6d.  | 6e.          | \$                   | 2,847.00             |                                       |  |  |

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Debtor 1 Wanda Williams Johnson Case number (if know) 17-05693

|                 |     |   |     |     | Total Claim |
|-----------------|-----|---|-----|-----|-------------|
| Total<br>claims | 6f. | Student loans   | 6f. | \$_ | 0.00        |
| from Part 2     | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$  | 0.00        |
|                 | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$  | 0.00        |
|                 | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       |     | \$  | 3,819.00    |
|                 | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$_ | 3,819.00    |

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| Fill in this infor                      | mation to identify your | case:                      |           |                                      |
|---|-------------------------|----------------------------|-----------|--------------------------------------|
| Debtor 1                                | Wanda Williams          | Johnson                    |           |                                      |
|   | First Name              | Middle Name                | Last Name |                                      |
| Debtor 2                                |                         |                            |           |                                      |
| (Spouse if, filing)                     | First Name              | Middle Name                | Last Name |                                      |
| United States Bankruptcy Court for the: |                         | DISTRICT OF SOUTH CAROLINA |           |                                      |
| Case number                             | 17-05693                |                            |           |                                      |
| (if known)                              |                         |                            |           | ☐ Check if this is an amended filing |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.2 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.3 | Oity      |              | Otate   | Zii Code            |   |
| 2.0 | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.4 | <u> </u>  |              | Oldio   |                     |   |
|     | Name      |              |   |                     | <del>_</del>                            |
|     | Number    | Street       |   |                     | <u> </u>                                |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.5 | Jity      |              | Olulo   | Zii Oodo            |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
|     | City      |              | State   | ZIF Code            |   |

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|                                   |  | Docume  | nt Page 20 0                                       | 1 30                                      |  |
|-----------------------------------|--|---|--|---|--|
| Fill in this in                   | nformation to identify your                                      | case:   |  |   |  |
| Debtor 1                          | Wanda Williams   | lohnson   |  |   |  |
| DCDIOI 1                          | First Name   | Middle Name                                       | Last Name  |   |  |
| Debtor 2                          |  |   |  |   |  |
| (Spouse if, filing)               | First Name   | Middle Name                                       | Last Name  |   |  |
| United States                     | s Bankruptcy Court for the:                                      | DISTRICT OF SOUTH                                 | CAROLINA   |   |  |
| 0 1                               |  |   |  |   |  |
| Case numbe                        | er <u>17-05693</u>   |   |  |   | ☐ Check if this is an  |
| ()                                |  |   |  |   | amended filing   |
|                                   |  |   |  |   | 9  |
| Official                          | Form 106H  |   |  |   |  |
| Schedu                            | ıle H: Your Cod  | ehtors  |  |   | 12/15  |
| ocneac                            | ic II. Ioui oou  | CDIOIS  |  |   | 12/13  |
| people are fi<br>fill it out, and | ling together, both are equ                                      | ally responsible for supposes on the left. Attack | olying correct informat<br>n the Additional Page t | ion. If more space is ne                  | te as possible. If two married seded, copy the Additional Page, of any Additional Pages, write               |
| 1. Do yo                          | ou have any codebtors? (If                                       | you are filing a joint case,                      | do not list either spouse                          | as a codebtor.                            |  |
| ■ N.                              |  |   |  |   |  |
| ■ No<br>□ Yes                     |  |   |  |   |  |
| □ res                             |  |   |  |   |  |
|                                   |  |   |  |   | states and territories include   |
| Arizona,                          | California, Idaho, Louisiana,                                    | Nevada, New Mexico, Pu                            | ierto Rico, Texas, Wash                            | ington, and Wisconsin.)                   |  |
| ■ No. G                           | Go to line 3.  |   |  |   |  |
| _                                 | Did your spouse, former spou                                     | use, or legal equivalent liv                      | e with you at the time?                            |   |  |
|                                   | ,p,p   | , 9   | · · · · · · · · · · · · · · · · · · ·              |   |  |
| in line 2                         | again as a codebtor only i<br>06D), Schedule E/F (Official       | f that person is a guarar                         | ntor or cosigner. Make                             | sure you have listed the                  | with you. List the person shown<br>e creditor on Schedule D (Official<br>schedule E/F, or Schedule G to fill |
|                                   | olumn 1: Your codebtor<br>me, Number, Street, City, State and Zl | P Code  |  | Column 2: The cred<br>Check all schedules | ditor to whom you owe the debt s that apply:   |
| 24                                |  |   |  | Ochodula D. Saa                           |  |
| 3.1                               | ame  |   |  | _ ☐ Schedule D, line                      |  |
|                                   |  |   |  | ☐ Schedule E/F, lir☐ Schedule G, line     | <del></del>  |
|                                   |  |   |  | — Scriedale O, line                       | · <del></del>  |
| Nu<br>Cit                         | umber Street   | State   | ZIP Code   |   |  |
| Oil                               | .y   | State   | ZIF Code   |   |  |
|                                   |  |   |  | <u>_</u>                                  |  |
| 3.2                               |  |   |  | _ Gchedule D, line                        |  |
| Na                                | ame  |   |  | ☐ Schedule E/F, lir                       |  |
|                                   |  |   |  | ☐ Schedule G, line                        | ·  |
|                                   | umber Street   | <b>5</b>  |  | _   |  |
| Cit                               | ty   | State   | ZIP Code   |   |  |

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| Fill  | in this information to                                     | identify your ca  | ase:   |                                |            |          |                      |              |                                 |          |
|-------|--|-------------------|--|--------------------------------|------------|----------|----------------------|--------------|---------------------------------|----------|
| De    | btor 1   | Wanda Willi       | ams Johnson  |                                |            | _        |                      |              |                                 |          |
|       | btor 2<br>buse, if filing)                                 |                   |  |                                |            |          |                      |              |                                 |          |
| Un    | ited States Bankrupt                                       | cy Court for the  | : DISTRICT OF SOUTI                                  | H CAROLINA                     |            |          |                      |              |                                 |          |
| Ca    | se number 17-(   | 05693             |  |                                |            |          | Check if this        | is:          |                                 |          |
| (If k | nown)  |                   |  | -                              |            |          | ☐ An ame             | ded filing   |                                 |          |
| _     |  |                   |  |                                |            |          |                      |              | ng postpetitior following date: |          |
| 0     | fficial Form   | <u> 1061</u>      |  |                                |            |          | MM / DE              | / YYYY       |                                 |          |
| S     | chedule I: \   | Your Inc          | ome  |                                |            |          |                      |              |                                 | 12/15    |
| atta  | rt 1: Describe Fill in your emplo                          | t to this form.   | r spouse is not filing w<br>On the top of any additi | onal pages, write y            |            |          | ase number           | if known).   | Answer every                    |          |
|       | information.   |                   |  | Debtor 1                       |            |          | _                    |              | filing spouse                   |          |
|       | If you have more than one job, attach a separate page with | Employment status | ■ Employed   | _                              |            |          | ployed<br>t employed |              |                                 |          |
|       | information about a<br>employers.                          | additional        |  | ☐ Not employed                 |            |          | □ INC                | t employed   |                                 |          |
|       | . ,  |                   | Occupation   | RWI                            |            |          |                      |              |                                 |          |
|       | Include part-time, s<br>self-employed wor                  |                   | Employer's name                                      | AGY Aiken LLC                  |            |          |                      |              |                                 |          |
|       | Occupation may in or homemaker, if it                      |                   | Employer's address                                   | 2556 Wagener<br>Aiken, SC 2980 |            |          |                      |              |                                 |          |
|       |  |                   | How long employed t                                  | here? 29 yea                   | ırs        |          |                      |              |                                 |          |
| Pa    | rt 2: Give Deta  | ails About Mor    | nthly Income   |                                |            |          |                      |              |                                 |          |
|       | imate monthly inco   |                   | ate you file this form. If                           | you have nothing to            | report for | any line | e, write \$0 in      | he space. Ir | nclude your no                  | n-filing |
|       | ou or your non-filing s<br>re space, attach a se           |                   | ore than one employer, co                            | ombine the information         | on for all | employe  | ers for that pe      | rson on the  | lines below. If                 | you need |
|       |  |                   |  |                                |            | F        | or Debtor 1          |              | ebtor 2 or<br>ling spouse       |          |
| 2.    |  |                   | ry, and commissions (b<br>calculate what the month   |                                | 2.         | \$       | 3,318.0              | <b>8</b> \$  | N/A                             | -        |
| 3.    | Estimate and list  | monthly overt     | ime pay.   |                                | 3.         | +\$      | 0.0                  | <u> </u>     | N/A                             | -        |
| 4.    | Calculate gross le   | ncome. Add lir    | ne 2 + line 3.                                       |                                | 4          | \$       | 3 318 08             | \$           | N/A                             |          |

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1                      | Wanda Williams Johnson  | -        | С  | ase nu | umber (if ki | nown)        | 17-05 | 693                |      |                    |
|-----|----------------------------|---|----------|----|--------|--------------|--------------|-------|--------------------|------|--------------------|
|     |                            |   |          |    | For D  | ebtor 1      |              |       | Debtor<br>filing s |      |                    |
|     | Cop                        | by line 4 here  | 4.       |    | \$     | 3,318        | 3.08         | \$    |                    | N/A  |                    |
| 5.  | Lie                        | t all payroll deductions:   |          |    |        |              |              |       |                    |      |                    |
| J.  |                            | • •   | 50       |    | \$     | 04           | 1 40         | ¢     |                    | N1/4 |                    |
|     | 5a.<br>5b.                 | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans   | 5a<br>5b |    | φ      |              | 1.49<br>0.00 | \$    |                    | N/A  | _                  |
|     | 5c.                        | Voluntary contributions for retirement plans  | 5c       |    | \$     |              | 0.00         | \$    |                    | N/A  |                    |
|     | 5d.                        | Required repayments of retirement fund loans  | 5d       |    | \$     |              | 0.00         | \$    |                    | N/A  |                    |
|     | 5e.                        | Insurance   | 5e       | ٠. | \$     |              | 3.88         | \$    |                    | N/A  | _                  |
|     | 5f.                        | Domestic support obligations  | 5f.      |    | \$     | (            | 0.00         | \$    |                    | N/A  | <u> </u>           |
|     | 5g.                        | Union dues  | 5g       |    | \$     |              | 2.00         | \$    |                    | N/A  |                    |
|     | 5h.                        | Other deductions. Specify:  | _ 5h     | .+ | \$     | (            | 0.00         | + \$  |                    | N/A  | <u>\</u>           |
| 6.  | Add                        | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       | ;  | \$     | 980          | 0.37         | \$    |                    | N/A  | <u> </u>           |
| 7.  | Cal                        | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       | ;  | \$     | 2,337        | 7.71         | \$    |                    | N/A  | <u>4</u>           |
| 8.  | List<br>8a.                | a all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a       | ı. | \$     | (            | 0.00         | \$    |                    | N/A  | A                  |
|     | 8b.                        | Interest and dividends  | 8b       | ٠. | \$     |              | 0.00         | \$    |                    | N/A  |                    |
|     | 8c.                        | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c       |    | \$     | (            | 0.00         | \$    |                    | N/A  | <b>\</b>           |
|     | 8d.                        | Unemployment compensation   | 8d       | l. | \$     |              | 0.00         | \$    |                    | N/A  |                    |
|     | 8e.                        | Social Security   | 8e       | ٠. | \$     | (            | 0.00         | \$    |                    | N/A  | 1                  |
|     | 8f.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:           | 8f.      |    | \$     |              | 0.00         | \$    |                    | N/A  |                    |
|     | 8g.                        | Pension or retirement income  | 8g       |    | \$     |              | 0.00         |       |                    | N/A  | _                  |
|     | 8h.                        | Other monthly income. Specify:  | _ 8h     | .+ | \$     |              | 0.00         | + ⊅   |                    | N/A  | <u>\</u>           |
| 9.  | Add                        | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$ |        | (            | 0.00         | \$    |                    | N/   | <b>'</b> A         |
| 10  | Cal                        | culate monthly income. Add line 7 + line 9.   | 10.      | \$ | 2      | ,337.71      | + \$         |       | N/A                | = \$ | 2,337.71           |
|     |                            | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |          | *- |        | ,007.71      | -            |       | 14/7               | -    | 2,007.71           |
| 11. | Star<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:        | depe     |    | , ,    |              |              | •     | chedule<br>11.     | _    | 0.00               |
| 12. |                            | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies  |          |    |        |              |              |       | 12.                | \$   | 2,337.71           |
| 13. | Do                         | you expect an increase or decrease within the year after you file this form   | ?        |    |        |              |              |       | ,                  | Comb | ined<br>nly income |
|     |                            | No.   |          |    |        |              |              |       |                    |      |                    |
|     |                            | Vos Explain:  | _        |    | _      |              | _            | _     |                    | _    |                    |

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|                   | I in this information to identify your case:   |  |                                    |                               |
|-------------------|--|--|------------------------------------|-------------------------------|
| Deb               | Wanda Williams Johnson   | c                                      | heck if this is:  An amended filin | a                             |
| Deb               | btor 2   |  |                                    | owing postpetition chapter    |
| (Sp               | pouse, if filing)  |  | 13 expenses as o                   | of the following date:        |
| Unit              | ited States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA   |  | MM / DD / YYYY                     |                               |
|                   | se number 17-05693 known)  |  |                                    |                               |
| 0                 | Official Form 106J   |  |                                    |                               |
| S                 | chedule J: Your Expenses   |  |                                    | 12/15                         |
| Be<br>info<br>nur | e as complete and accurate as possible. If two married people are filing too<br>formation. If more space is needed, attach another sheet to this form. On t<br>Imber (if known). Answer every question.        |  |                                    |                               |
| Par<br>1.         | It 1: Describe Your Household Is this a joint case?  |  |                                    |                               |
|                   | ■ No. Go to line 2.  □ Yes, Does Debtor 2 live in a separate household?  |  |                                    |                               |
|                   | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separa   | ate Household of D                     | Debtor 2.                          |                               |
| 2.                |  |  |                                    |                               |
| ۷.                | Do not list Debtor 1 and  Ves Fill out this information for  Depende   | ent's relationship to<br>1 or Debtor 2 | Dependent's age                    | Does dependent live with you? |
|                   | Do not otate the   |  |                                    | □ No                          |
|                   | Do not state the dependents names. Grand   | mother                                 | 96                                 | ■ Yes                         |
|                   |  |  |                                    | _ □ No                        |
|                   |  |  |                                    | _ Pes                         |
|                   |  |  |                                    | □ No                          |
|                   |  |  |                                    | _ Pes                         |
|                   |  |  |                                    | □ No                          |
| 3.                | Do your expenses include   |  |                                    | _                             |
| Э.                | expenses of people other than yourself and your dependents?  |  |                                    |                               |
| Est               | Estimate Your Ongoing Monthly Expenses stimate your expenses as of your bankruptcy filing date unless you are usi penses as of a date after the bankruptcy is filed. If this is a supplemental splicable date. |  |                                    |                               |
| the               | clude expenses paid for with non-cash government assistance if you know<br>e value of such assistance and have included it on <i>Schedule I: Your Incon</i><br>fficial Form 106I.)                             | ne                                     | Your ex                            | penses                        |
| 4.                | The rental or home ownership expenses for your residence. Include first payments and any rent for the ground or lot.   | t mortgage<br>4                        | . \$                               | 380.00                        |
|                   | If not included in line 4:   |  |                                    |                               |
|                   | 4a. Real estate taxes  | <b>4</b> a                             | . \$                               | 0.00                          |
|                   | 4b. Property, homeowner's, or renter's insurance   |  | . \$                               | 0.00                          |
|                   | 4c. Home maintenance, repair, and upkeep expenses  |  | . \$                               | 20.00                         |
|                   | 4d. Homeowner's association or condominium dues  |  | . \$                               | 0.00                          |
| 5.                | Additional mortgage payments for your residence, such as home equity l   | loans 5                                | . \$                               | 0.00                          |

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| ebtor 1 _V                | Nanda Williams Johnson  | Case num     | ber (if known) | 17-05693                    |
|---------------------------|---|--------------|----------------|-----------------------------|
| . Utilities               | s:  |              |                |                             |
|                           | Electricity, heat, natural gas  | 6a.          | \$             | 235.00                      |
| 6b. V                     | Vater, sewer, garbage collection  | 6b.          | \$             | 60.00                       |
| 6c. T                     | Felephone, cell phone, Internet, satellite, and cable services                              | 6c.          | \$             | 180.00                      |
| 6d. C                     | Other. Specify:   | 6d.          | \$             | 0.00                        |
| . Food a                  | nd housekeeping supplies  | 7.           | \$             | 390.00                      |
|                           | are and children's education costs  | 8.           | \$             | 0.00                        |
| Clothin                   | ng, laundry, and dry cleaning   | 9.           | \$             | 25.00                       |
|                           | nal care products and services  | 10.          | \$             | 25.00                       |
|                           | al and dental expenses  | 11.          |                | 30.00                       |
|                           | portation. Include gas, maintenance, bus or train fare.                                     |              | ·              |                             |
|                           | include car payments.   | 12.          | \$             | 205.00                      |
| <ol><li>Enterta</li></ol> | ainment, clubs, recreation, newspapers, magazines, and books                                | 13.          | \$             | 10.00                       |
| 4. Charita                | able contributions and religious donations  | 14.          | \$             | 0.00                        |
| 5. <b>Insura</b> i        | nce.  |              |                |                             |
|                           | include insurance deducted from your pay or included in lines 4 or 20.                      |              |                |                             |
| 15a. L                    | ife insurance   | 15a.         |                | 0.00                        |
| 15b. F                    | Health insurance  | 15b.         |                | 0.00                        |
| 15c. ∖                    | /ehicle insurance   | 15c.         | \$             | 175.00                      |
| 15d. C                    | Other insurance. Specify:   | 15d.         | \$             | 0.00                        |
|                           | Do not include taxes deducted from your pay or included in lines 4 or 20.                   |              |                |                             |
| Specify                   | r   | 16.          | \$             | 0.00                        |
|                           | ment or lease payments:   |              |                |                             |
| 17a. C                    | Car payments for Vehicle 1  | 17a.         | ·              | 0.00                        |
| 17b. C                    | Car payments for Vehicle 2  | 17b.         | \$             | 0.00                        |
| 17c. C                    | Other. Specify:   | 17c.         | \$             | 0.00                        |
| 17d. C                    | Other. Specify:   | 17d.         | \$             | 0.00                        |
|                           | ayments of alimony, maintenance, and support that you did not report as                     |              |                | 0.00                        |
|                           | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).                   | 18.          | ·              | 0.00                        |
| -                         | payments you make to support others who do not live with you.                               |              | \$             | 0.00                        |
| Specify                   |   | 19.          |                |                             |
|                           | real property expenses not included in lines 4 or 5 of this form or on Sch                  |              |                |                             |
|                           | Mortgages on other property   | 20a.         | ·              | 0.00                        |
|                           | Real estate taxes   | 20b.         | ·              | 0.00                        |
|                           | Property, homeowner's, or renter's insurance  | 20c.         |                | 0.00                        |
| 20d. N                    | Maintenance, repair, and upkeep expenses  | 20d.         | *              | 0.00                        |
| 20e. F                    | Homeowner's association or condominium dues   | 20e.         | \$             | 0.00                        |
| 1. Other:                 | Specify:  | 21.          | +\$            | 0.00                        |
| 0 <b>C</b> alaud          |   |              |                |                             |
|                           | ate your monthly expenses<br>dd lines 4 through 21.   |              | e e            | 4 705 00                    |
|                           | · · · · · · · · · · · · · · · · · · ·   |              | \$             | 1,735.00                    |
|                           | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2              |              | Ψ              |                             |
| 22c. Ac                   | dd line 22a and 22b. The result is your monthly expenses.                                   |              | \$             | 1,735.00                    |
| 3 Calcula                 | ate your monthly net income.  |              |                |                             |
|                           | Copy line 12 (your combined monthly income) from Schedule I.                                | 23a.         | \$             | 2,337.71                    |
|                           | Copy your monthly expenses from line 22c above.   | 23a.<br>23b. | ·              | 1,735.00                    |
| 23D. C                    | bopy your monthly expenses from the 220 above.  | ۷۵۵.         | -φ             | 1,735.00                    |
| 220 0                     | Subtract your monthly expenses from your monthly income.                                    |              |                |                             |
|                           | The result is your <i>monthly net income</i> .  | 23c.         | \$             | 602.71                      |
| '                         | The result to your monday not moonto.   |              | 1              |                             |
|                           | expect an increase or decrease in your expenses within the year after y                     |              |                |                             |
| For exar                  | mple, do you expect to finish paying for your car loan within the year or do you expect you |              |                | ease or decrease because of |
|                           | tion to the terms of your mortgage?   |              |                |                             |
| No.                       |   |              |                |                             |
|                           |   |              |                |                             |

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| Fill in this inform                   | nation to identify your                          | case:                    |                       |                              |  |
|---------------------------------------|--|--------------------------|-----------------------|------------------------------|--|
| Debtor 1                              | Wanda Williams J                                 | lohnson                  |                       |                              |  |
|                                       | First Name                                       | Middle Name              | Last Name             |                              |  |
| Debtor 2<br>(Spouse if, filing)       | First Name                                       | Middle Name              | Last Name             |                              |  |
| United States Ba                      | nkruptcy Court for the:                          | DISTRICT OF SOUTH        | CAROLINA              |                              |  |
| Case number (if known)                | 17-05693   |                          |                       |                              | ☐ Check if this is an amended filing   |
| Official Forn                         | n 106Dec   |                          |                       |                              |  |
|                                       |  | ın Individual            | Debtor's              | Schedules                    | 12/15  |
| obtaining money<br>years, or both. 18 |  | n connection with a ban  |                       |                              | ement, concealing property, or<br>00, or imprisonment for up to 20           |
| Did you pay                           | y or agree to pay some                           | one who is NOT an atto   | rney to help you fill | out bankruptcy forms?        |  |
| ■ No                                  |  |                          |                       |                              |  |
| ☐ Yes. N                              | lame of person                                   |                          |                       |                              | akruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
|                                       | Ity of perjury, I declare<br>e true and correct. | that I have read the sum | nmary and schedule    | es filed with this declarati | on and   |
| X /s/ War                             | nda Williams Johnso                              | n                        | X                     |                              |  |
| Wanda                                 | Williams Johnson<br>re of Debtor 1               | ••                       |                       | ure of Debtor 2              |  |

Date

Date November 7, 2017

## 

| Fill ir         | this infor                  | mation to identify your                        | case:                                      |  |   |   |
|-----------------|-----------------------------|--|--|--|---|---|
| Debto           |                             | Wanda Williams                                 |  |  |   |   |
|                 | _                           | First Name                                     | Middle Name                                | Last Name  |   |   |
| Debto<br>(Spous | or 2<br>e if, filing)       | First Name                                     | Middle Name                                | Last Name  |   |   |
| Unite           | d States Ba                 | inkruptcy Court for the:                       | DISTRICT OF SOUTH C                        | AROLINA  |   |   |
| _               |                             | _  |  |  |   |   |
| (if know        | _                           | 17-05693                                       |  |  | _   | check if this is an mended filing                     |
|                 |                             | orm 107<br>of Financial <i>i</i>               | Affairs for Indivi                         | duals Filing for E   | Bankruptcy  | 4/16  |
| inforn<br>numb  | nation. If n<br>er (if know | nore space is needed,<br>n). Answer every ques | attach a separate sheet to stion.          | this form. On the top of an  | e equally responsible for sup<br>ny additional pages, write you   |   |
| Part            |                             |  | rital Status and Where You                 | Lived Before   |   |   |
| 1. V            | vnat is you                 | r current marital statu                        | S?   |  |   |   |
| [               | Married                     | I  |  |  |   |   |
|                 | Not ma                      | rried  |  |  |   |   |
| 2. [            | ouring the                  | ast 3 years, have you                          | lived anywhere other than                  | where you live now?  |   |   |
| [               | ■ No<br>□ Yes. Lis          | st all of the places you li                    | ved in the last 3 years. Do n              | ot include where you live nov  | N.  |   |
|                 | Debtor 1 P                  | rior Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad  | ddress:   | Dates Debtor 2<br>lived there                         |
|                 |                             |  |  |  | nity property state or territory<br>Rico, Texas, Washington and W |   |
| ı               | No                          |  |  |  |   |   |
|                 | Yes. M                      | ake sure you fill out Sch                      | edule H: Your Codebtors (O                 | fficial Form 106H).  |   |   |
| Part 2          | 2 Expla                     | in the Sources of You                          | r Income                                   |  |   |   |
|                 | •                           |  |  |  |   |   |
| F               | ill in the tot              | al amount of income you                        | received from all jobs and                 | ng a business during this y<br>all businesses, including part<br>e together, list it only once u |   | ndar years?   |
|                 | ] No                        |  |  |  |   |   |
| •               | Yes. Fi                     | Il in the details.                             |  |  |   |   |
|                 |                             |  | Debtor 1                                   |  | Debtor 2  |   |
|                 |                             |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.                        | Gross income<br>(before deductions<br>and exclusions) |
|                 |                             |  |  | <b>*</b> 24.242.22   | <b>—</b>  |   |
|                 |                             | of current year until<br>ed for bankruptcy:    | ■ Wages, commissions, bonuses, tips        | \$34,913.22  | ☐ Wages, commissions, bonuses, tips                               |   |

Official Form 107

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Debtor 1 Wanda Williams Johnson Case number (if known) 17-05693

|    |                                |                               |   | Debtor 1  |   | Debtor 2                                |                           |   |
|----|--------------------------------|-------------------------------|---|---|---|---|---------------------------|---|
|    |                                |                               |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)               | Sources of inco                         |                           | Gross income<br>(before deductions<br>and exclusions) |
|    | or last caler<br>anuary 1 to   | ndar year:<br>December        | 31, 2016 )  | ■ Wages, commissions, bonuses, tips   | Unknown   | ☐ Wages, comr<br>bonuses, tips          | nissions,                 |   |
|    |                                |                               |   | ☐ Operating a business  |   | ☐ Operating a b                         | ousiness                  |   |
|    |                                | dar year be<br>December       |   | ■ Wages, commissions, bonuses, tips   | Unknown   | ☐ Wages, comr<br>bonuses, tips          | nissions,                 |   |
|    |                                |                               |   | ☐ Operating a business  |   | ☐ Operating a b                         | ousiness                  |   |
|    | and other winnings.  List each | public bene<br>If you are fil | fit payments;<br>ing a joint cas<br>he gross inco | er that income is taxable. Exa<br>pensions; rental income; inter<br>le and you have income that y<br>ome from each source separa  | rest; dividends; money collect<br>you received together, list it of | cted from lawsuits; ronly once under De | royalties; and<br>btor 1. |   |
|    |                                |                               |   | Debtor 1  |   | Debtor 2                                |                           |   |
|    |                                |                               |   | Sources of income Describe below.   | Gross income from each source (before deductions and exclusions)    | Sources of inco                         |                           | Gross income (before deductions and exclusions)       |
| Pa | art 3: Lis                     | t Certain Pa                  | yments You  | Made Before You Filed for   | Bankruptcy  |   |                           |   |
| 6. | Are eithe ☐ No.                | Neither De individual         | ebtor 1 nor Dorimarily for a 90 days before       | 's debts primarily consumer<br>bebtor 2 has primarily consu-<br>personal, family, or househol<br>are you filed for bankruptcy, di | imer debts. Consumer debi<br>d purpose."                            |   |                           | 1(8) as "incurred by an                               |
|    |                                | □ Yes                         | paid that cr<br>not include                       | each creditor to whom you pai<br>editor. Do not include paymer<br>payments to an attorney for the<br>on 4/01/19 and every 3 years | nts for domestic support obliquis bankruptcy case.                  | gations, such as chi                    | ild support a             | nd alimony. Also, do                                  |
|    | Yes.                           |                               |   | r both have primarily consure you filed for bankruptcy, di  |   | al of \$600 or more?                    |                           |   |
|    |                                | ■ No.                         | Go to line 7                                      |   |   |   |                           |   |
|    |                                | □ Yes                         | include pay                                       | each creditor to whom you pai<br>ments for domestic support of<br>this bankruptcy case.   |   |   |                           |   |
|    | Creditor                       | 's Name an                    | d Address   | Dates of payme  | nt Total amount   | Amount you                              | Was this p                | payment for   |

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| Del | btor 1               | Wanda Williams Johnson  | Document  | Page 28 of 36<br>Cas                              | e number (if known)                         | 17-05693                               |   |
|-----|----------------------|---|---|---|---|--|---|
|     |                      |   |   |   |   |  |   |
| 7.  | <i>Inside</i> of whi | n 1 year before you filed for bankrupters include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | artners; relatives of any g<br>control, or owner of 20% | eneral partners; partners or more of their voting | erships of which yo<br>g securities; and ar | u are a general pa<br>ny managing ager | artner; corporation<br>nt, including one fo |
|     | _                    | No<br>Yes. List all payments to an insider.   |   |   |   |  |   |
|     | Insid                | der's Name and Address  | Dates of payment  | Total amount paid                                 | Amount you still owe                        | Reason for this                        | s payment                                   |
| 8.  | inside               | n 1 year before you filed for bankrupter?<br>de payments on debts guaranteed or cos   |   | ayments or transfer a                             | iny property on a                           | ccount of a debt                       | that benefited ar                           |
|     | _                    | No<br>Yes. List all payments to an insider  |   |   |   |  |   |
|     | Insid                | der's Name and Address  | Dates of payment  | Total amount paid                                 | Amount you still owe                        | Reason for this                        |   |
| Pai | rt 4:                | Identify Legal Actions, Repossession  | ns, and Foreclosures                                    |   |   |  |   |
| 9.  | List al modifi       | n 1 year before you filed for bankrupt<br>Il such matters, including personal injury<br>ications, and contract disputes.<br>No<br>Yes. Fill in the details.               |   |   |   |  |   |
|     |                      | e title<br>e number   | Nature of the case                                      | Court or agency                                   |   | Status of the c                        | ase   |
| 10. | Check                | n 1 year before you filed for bankrupt<br>k all that apply and fill in the details below<br>No. Go to line 11.  |   | perty repossessed, f                              | oreclosed, garnis                           | hed, attached, s                       | eized, or levied?                           |
|     |                      | Yes. Fill in the information below.  Iitor Name and Address   | Describe the Branest                                    |   | Date  |  | Value of the                                |
|     | Crea                 | illor Name and Address  | Describe the Property                                   |   |   |  | Value of the<br>property                    |
|     |                      | rnal Revenue Service<br>5 Assembly St   | Explain what happen Wage levy 25.00 pe                  |   |   |  | \$0.00                                      |
|     | MDF                  |   |   |   |   |  |   |
|     |                      |   |   |   |   |  |   |
|     |                      |   | ☐ Property was attack                                   | hed, seized or levied.                            |   |  |   |
| 11. | accol                | n 90 days before you filed for bankrup<br>unts or refuse to make a payment bec<br>No<br>Yes. Fill in the details.   |   |   | nancial institution                         | , set off any amo                      | ounts from your                             |
|     |                      | litor Name and Address  | Describe the action t                                   | he creditor took                                  | Date a                                      | action was                             | Amount                                      |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

■ No

☐ Yes

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| Pa  | rt 5: List Certain Gifts and Contributions  | i      |  |                                   |                        |
|-----|---|--------|--|-----------------------------------|------------------------|
| 13. | Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift.                                    | ptcy,  | did you give any gifts with a total value of more t  | han \$600 per person              | ?                      |
|     | Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and                                  |        | Describe the gifts   | Dates you gave the gifts          | Value                  |
| 11  | Address:  | ntov   | did you give any gifts or contributions with a total   | al value of more than             | \$600 to any charity?  |
| 14. | □ No  |        |  | ai value of filore triair         | \$000 to any chanty:   |
|     | Yes. Fill in the details for each gift or co  | ntribu | tion.  |                                   |                        |
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) |        | Describe what you contributed  | Dates you contributed             | Value                  |
|     | Chalk Hill Baptist Church<br>Wagner, SC 29801   |        | Tithes   | last 24<br>months                 | \$8,000.00             |
|     | how the loss occurred   | nclud  | ribe any insurance coverage for the loss the the amount that insurance has paid. List pending the claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost |
| Pa  | rt 7: List Certain Payments or Transfers  | noura  | ince claims off line 33 of deficultion Fab. 1 Topolty.   |                                   |                        |
| 16. | consulted about seeking bankruptcy or pr  | repari | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services require          |                                   | rty to anyone you      |
|     | □ No  |        |  |                                   |                        |
|     | Yes. Fill in the details.   |        |  |                                   |                        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Yo                          | ou     | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment      |
|     | Joseph E. Mitchell, III, P.C.<br>Post Office Box 2504<br>Augusta, GA 30903-2504<br>mitchellje@bellsouth.net                   |        | Attorney Fees  | 11/07/17                          | \$300.00               |
|     | debtorcc.org  |        |  | 11/03/17                          | \$14.95                |

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| 17. | <ul> <li>Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone promised to help you deal with your creditors or to make payments to your creditors?         <ul> <li>Do not include any payment or transfer that you listed on line 16.</li> </ul> </li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |   |  |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|--|
|     | Person Who Was Paid<br>Address   | Description and v transferred   | alue of any prope  | Date payme<br>or transfer<br>made                                |  |  |  |  |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No  Yes. Fill in the details.  Person Who Received Transfer  | pusiness or financial affa<br>ade as security (such as t<br>dy listed on this statement | iirs?<br>he granting of a se   | curity interest or mortgage                                      | on your property). Do not                        |  |  |  |
|     | Address Person's relationship to you   |   | Description and value of property transferred Describe any property or payments received or debts paid in exchange |  |  |  |  |  |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pre No Yes. Fill in the details.   | lf-settled trust or similar   | device of which you are a  |  |  |  |  |  |
|     | Name of trust  | Description and v   | alue of the proper   | rty transferred  | Date Transfer was made                           |  |  |  |
| Par | t 8: List of Certain Financial Accounts, In  | struments, Safe Deposit   | Boxes, and Stora   | age Units  |  |  |  |  |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No  Yes. Fill in the details.   | or other financial accour   | nts; certificates of   | •  |  |  |  |  |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)   | Last 4 digits of account number   | Type of account instrument   | or Date account was<br>closed, sold,<br>moved, or<br>transferred | as Last balance<br>before closing or<br>transfer |  |  |  |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.  | year before you filed for   | bankruptcy, any  | safe deposit box or other  | depository for securities,                       |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)                           |  | escribe the contents   | Do you still have it?                            |  |  |  |
| 22. | Have you stored property in a storage unit   | or place other than your  | home within 1 ye   | ar before you filed for ba                                       | nkruptcy?  |  |  |  |
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |   |  |  |  |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code)                |  | escribe the contents   | Do you still have it?                            |  |  |  |
|     |  |   |  |  |  |  |  |  |

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| Pai | t 9: Identify Property You Hold or Control for   | Someone Else   |                    |                                     |                      |  |  |  |  |
|-----|--|--|--------------------|-------------------------------------|----------------------|--|--|--|--|
| 23. | Do you hold or control any property that someo for someone.  | ne else owns? Include any prop   | erty y             | ou borrowed from, are storing for,  | , or hold in trust   |  |  |  |  |
|     | No   |  |                    |                                     |                      |  |  |  |  |
|     | Yes. Fill in the details.  |  |                    |                                     |                      |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                          | De                 | scribe the property                 | Value                |  |  |  |  |
| Pai | tt 10: Give Details About Environmental Informa  | ation  |                    |                                     |                      |  |  |  |  |
| For | the purpose of Part 10, the following definitions  | apply:   |                    |                                     |                      |  |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | ir, land, soil, surface water, grou  | _                  | •                                   |                      |  |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   | -  | al law,            | whether you now own, operate, o     | r utilize it or used |  |  |  |  |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s  |  | us wa              | ste, hazardous substance, toxic s   | ubstance,            |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of wh  | en the             | ey occurred.                        |                      |  |  |  |  |
| 24. | Has any governmental unit notified you that you  | ı may be liable or potentially liab  | le und             | der or in violation of an environme | ental law?           |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                    |                                     |                      |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)  Environmental law, know it |                    | Environmental law, if you know it   | Date of notice       |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?  |  |                    |                                     |                      |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                    |                                     |                      |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State a<br>ZIP Code)                         | and                | Environmental law, if you know it   | Date of notice       |  |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.                            |  |                    |                                     |                      |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                    |                                     |                      |  |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)                          | Nature of the case |                                     | Status of the case   |  |  |  |  |
| Pai | t 11: Give Details About Your Business or Con  | nections to Any Business   |                    |                                     |                      |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, o  | did you own a business or have a   | any of             | the following connections to any    | business?            |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a t  | rade, profession, or other activit   | y, eith            | er full-time or part-time           |                      |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |                    |                                     |                      |  |  |  |  |
|     | ☐ A partner in a partnership   |  |                    |                                     |                      |  |  |  |  |
|     | ☐ An officer, director, or managing execut   | ive of a corporation   |                    |                                     |                      |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or   | -  | n                  |                                     |                      |  |  |  |  |

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Debtor 1 Wanda Williams Johnson

| No. None of the above applies. Go to Part 12.  |  |   |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|
| ☐ Yes. Check all that apply above and fil  | Yes. Check all that apply above and fill in the details below for each business.   |   |  |  |  |  |  |  |  |
| Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)                 | Describe the nature of the business  Name of accountant or bookkeeper  | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed |  |  |  |  |  |  |  |
| Within 2 years before you filed for bankrup institutions, creditors, or other parties. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |  |  |  |  |  |  |
| ■ No □ Yes. Fill in the details below.   |  |   |  |  |  |  |  |  |  |
| Name Address (Number, Street, City, State and ZIP Code)                                | Date Issued  |   |  |  |  |  |  |  |  |

28.

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Debtor 1 Wanda Williams Johnson Case number (if known) 17-05693

| Part 12: Sign Below  |   |
|--|---|
| are true and correct. I understand that making a                     | ncial Affairs and any attachments, and I declare under penalty of perjury that the answers alse statement, concealing property, or obtaining money or property by fraud in connection 250,000, or imprisonment for up to 20 years, or both. |
| /s/ Wanda Williams Johnson   |   |
| Wanda Williams Johnson<br>Signature of Debtor 1                      | Signature of Debtor 2   |
| Date November 7, 2017  | Date  |
| Did you attach additional pages to <i>Your Stateme</i> .  ■ No □ Yes | nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| Did you pay or agree to pay someone who is not<br>■ No               | an attorney to help you fill out bankruptcy forms?  |
| $\square$ Yes. Name of Person Attach the <i>Bankrup</i>              | tcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |

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| Fill in this inform             | Fill in this information to identify your case:      |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|
| Debtor 1                        | Wanda Williams Johnson                               |  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing) |  |  |  |  |  |  |  |
| United States B                 | Bankruptcy Court for the: District of South Carolina |  |  |  |  |  |  |
| Case number (if known)          | 17-05693   |  |  |  |  |  |  |

| Check | Check as directed in lines 17 and 21:                                |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|
| l .   | According to the calculations required by this Statement:            |  |  |  |  |  |  |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |
|       | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).     |  |  |  |  |  |  |
|       | 3. The commitment period is 3 years.                                 |  |  |  |  |  |  |
|       | 4. The commitment period is 5 years.                                 |  |  |  |  |  |  |

☐ Check if this is an amended filing

#### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part     | 1: Calculate Your Average Monthly Income   |                           |                          |   |                                 |                   |  |                               |
|----------|--|---------------------------|--------------------------|---|---------------------------------|-------------------|--|-------------------------------|
| 1.       | What is your marital and filing status? Check one of   | nly.                      |                          |   |                                 |                   |  |                               |
|          | ■ Not married. Fill out Column A, lines 2-11.  |                           |                          |   |                                 |                   |  |                               |
|          | ☐ Married. Fill out both Columns A and B, lines 2-11   |                           |                          |   |                                 |                   |  |                               |
| 10<br>th | Il in the average monthly income that you received from al<br>01(10A). For example, if you are filing on September 15, the 6-<br>e 6 months, add the income for all 6 months and divide the tot<br>bouses own the same rental property, put the income from that           | month per<br>al by 6. Fil | iod would<br>I in the re | l be March 1 throu<br>sult. Do not includ | igh August 31.<br>le any income | . If the amount m | ount of your monthly incom<br>ore than once. For examp | e varied during<br>e, if both |
|          |  |                           |                          |   | Column A<br>Debtor 1            |                   | Column B Debtor 2 or non-filing spouse                 |                               |
| 2.       | Your gross wages, salary, tips, bonuses, overtime payroll deductions).   | , and co                  | mmissi                   | ons (before all                           | \$3,4                           | 106.14            | \$   |                               |
| 3.       | <b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.  | e payme                   | nts from                 | a spouse if                               | \$                              | 0.00              | \$   |                               |
| 4.       | All amounts from any source which are regularly popular of you or your dependents, including child support from an unmarried partner, members of your househound roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3. | <b>t.</b> Include         | e regulai<br>depende     | r contributions<br>nts, parents,          | \$                              | 0.00              | \$   |                               |
| 5.       | Net income from operating a business, profession, or farm  | Debtor                    | 1                        |   |                                 |                   |  |                               |
|          | Gross receipts (before all deductions)   | \$                        | 0.00                     |   |                                 |                   |  |                               |
|          | Ordinary and necessary operating expenses  | -\$                       | 0.00                     |   |                                 |                   |  |                               |
|          | Net monthly income from a business, profession, or fa  | rm \$                     | 0.00                     | Copy here ->                              | \$                              | 0.00              | \$   |                               |
| 6.       | Net income from rental and other real property   | Debtor                    |                          |   |                                 |                   |  |                               |
|          | Gross receipts (before all deductions)   | \$                        | 0.00                     |   |                                 |                   |  |                               |
|          | Ordinary and necessary operating expenses  | <b>-</b> \$               | 0.00                     |   |                                 |                   |  |                               |
|          | Net monthly income from rental or other real property  | •                         | 0.00                     | Copy here ->                              | \$                              | 0.00              | \$   |                               |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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17-05693

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_ For your spouse 9. Pension or retirement income. Do not include any amount received that was a 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 3.406.14 = \$ 3,406.14 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income **Determine How to Measure Your Deductions from Income** Part 2: 12. Copy your total average monthly income from line 11. 3,406.14 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. Total 0.00 0.00 Copy here=> 3,406.14 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 3,406.14 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 40,873.68 15b. The result is your current monthly income for the year for this part of the form.

**Wanda Williams Johnson** 

Debtor 1

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| Debte | or 1  | Wa     | nda Williams Johnson   |            |                  | Case number (if known            | 17-056        | 93          |                 |
|-------|-------|--------|--|------------|------------------|----------------------------------|---------------|-------------|-----------------|
| 16    | . Cal | ulat   | the median family income that applies to   | you. Fo    | ollow these ste  | os:                              |               |             |                 |
|       | 16a   | Fill i | n the state in which you live.   |            | SC               |                                  |               |             |                 |
|       | 16h   | Fill i | n the number of people in your household.  |            | 2                |                                  |               |             |                 |
|       |       |        | the median family income for your state and  | d size of  |                  |                                  |               | Φ.          | 57,131.00       |
|       | 100.  | To f   | nd a list of applicable median income amoun uctions for this form. This list may also be available.                                    | ts, go oi  | nline using the  |                                  |               | <b>\$</b> _ |                 |
| 17    | . Hov | / do   | he lines compare?  |            |                  |                                  |               |             |                 |
|       | 17a   |        | Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do  |            |                  |                                  |               |             |                 |
|       | 17b   |        | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14         | culation   |                  |                                  |               |             |                 |
| Par   | t 3:  | C      | Iculate Your Commitment Period Under 1   | 1 U.S.C.   | . § 1325(b)(4)   |                                  |               |             |                 |
| 18.   | Cop   | у уо   | ır total average monthly income from line  | 11         |                  |                                  |               | \$          | 3,406.14        |
| 19.   | cont  | end :  | ne marital adjustment if it applies. If you ar<br>nat calculating the commitment period under<br>income, copy the amount from line 13. | e marrie   | ed, your spouse  | e is not filing with you, and yo | ou            |             |                 |
|       |       |        | e marital adjustment does not apply, fill in 0 o   | n line 19  | Эа.              |                                  |               | -\$         | 0.00            |
|       |       |        |  |            |                  |                                  |               |             |                 |
|       | 19b   | Sub    | tract line 19a from line 18.   |            |                  |                                  |               | \$          | 3,406.14        |
| 20.   | Cald  | ulat   | your current monthly income for the year   | r. Follo   | w these steps:   |                                  |               |             |                 |
|       | 20a   | Cop    | y line 19b   |            |                  |                                  |               | \$_         | 3,406.14        |
|       |       | Mul    | iply by 12 (the number of months in a year).   |            |                  |                                  |               | )           | <b>x</b> 12     |
|       |       |        |  |            |                  |                                  |               |             |                 |
|       | 20b   | The    | result is your current monthly income for the  | year for   | this part of the | form                             |               | \$          | 40,873.68       |
|       |       |        |  |            |                  |                                  |               |             |                 |
|       |       |        |  |            |                  |                                  |               |             |                 |
|       | 20c.  | Cop    | y the median family income for your state and  | d size of  | household from   | m line 16c                       |               | \$_         | 57,131.00       |
|       | 04    | Цал    | , de the lines compare?  |            |                  |                                  |               |             |                 |
|       | 21.   | _      | do the lines compare?  |            |                  |                                  |               |             |                 |
|       |       |        | Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.   | vise orde  | ered by the cou  | ırt, on the top of page 1 of th  | is form, chec | k box 3, 7  | The commitment  |
|       |       |        | Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.  | Jnless o   | therwise ordere  | ed by the court, on the top of   | page 1 of thi | is form, ch | neck box 4, The |
| Par   | t 4:  | Si     | gn Below   |            |                  |                                  |               |             |                 |
|       | By s  | ignin  | g here, under penalty of perjury I declare that  | t the info | ormation on this | statement and in any attach      | ments is true | e and cor   | rect.           |
| )     | ( /s/ | Wa     | nda Williams Johnson   |            |                  |                                  |               |             |                 |
|       |       |        | Williams Johnson<br>e of Debtor 1  |            | _                |                                  |               |             |                 |
|       | •     | No     | vember 7, 2017   |            |                  |                                  |               |             |                 |
|       | If yo |        | cked 17a, do NOT fill out or file Form 122C-2  | 2.         |                  |                                  |               |             |                 |

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.